

Debbie Wms

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533523

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.						
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TOTAL CLAIMS						

BEST AVAILABLE COPY

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TOTAL CLAIMS	2					

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TOTAL CLAIMS						

BEST AVAILABLE COPY